

AO435 (Rev. 04/18; WDVA Rev. 11/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY
<b>TRANSCRIPT ORDER FORM</b>			DUE DATE:	
Please Read Instructions on Page 2.				
<b>1. REQUESTOR'S INFORMATION:</b>		NAME Paul G. Beers	TELEPHONE NUMBER (540) 224-8035	
DATE OF REQUEST 3/11/2022		EMAIL ADDRESS ( <i>Transcript will be emailed to this address.</i> ) pbeers@glenfeldmann.com		
MAILING ADDRESS P.O. Box 2887			CITY, STATE, ZIP CODE Roanoke, VA 24001-2887	
<b>2. TRANSCRIPT REQUESTED:</b>		NAME OF COURT REPORTER L. Blair  OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 7:20cv342		CASE NAME Notestein, et al. v. Bittrex, Inc., et al.	JUDGE'S NAME Judge Dillon	
DATE(S) OF PROCEEDING(S) 05/24/2021		TYPE OF PROCEEDING(S) Motion Hearing	LOCATION OF PROCEEDING Roanoke	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) ( <i>Must specify below</i> )				
SPECIFIC PORTION(S) REQUESTED ( <i>If applicable</i> ):				
<b>3. SERVICE TURNAROUND CATEGORY REQUESTED:</b> <i>(See Page 2 for descriptions of each service turnaround category.)</i>				
<input checked="" type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day		<input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> RealTime		
<b>4. CERTIFICATION:</b> By signing below, I certify that I will pay all charges (deposit plus additional).				
DATE 3/11/2022	SIGNATURE /s/ Paul G. Beers			

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to [CRC@vawd.uscourts.gov](mailto:CRC@vawd.uscourts.gov).

Transcript Fee Rates can be found on our website under Standing Orders at:  
<http://www.vawd.uscourts.gov/media/1576/transcripts.pdf>

**NOTE:** Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.